

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585736

FILING DATE

6-30-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2	1		1				
3	2		1				
4	2		1				
5	2		1				
6	2		1				
7	2		1				
8	0		1				
9	0		1				
10	0		1				
11	0		1				
12	0		1				
13	1		1				
14	1		1				
15	2		1				
16	0		1				
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49							
50							
TOTAL IND.			1				
TOTAL DEP.			15				
TOTAL CLAIMS			16				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							